

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040639

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 209 Primary Registration District No. 4320 Registrar's No. 36

STATE FILE NUMBER

FILED OCT 22 1963

1. PLACE OF DEATH

a. COUNTY

Marion

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Palmyra

Length of stay in 1b

14 mos.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTIONMaple Lawn
Rest Home

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Marion

c. CITY

Marshall

OR TOWN

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

State Hospital

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Edna

Middle

Last

May

4. DATE

OF DEATH

Month

Oct. 5

Day

1963

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

10-7-04

9. AGE (last birthday)

59

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

State Hosp. Patient

10b. KIND OF BUSINESS OR INDUSTRY

never worked

11. BIRTHPLACE (City and state or country)

Moline, Ill.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

no Record

13b. MOTHER'S MAIDEN NAME

no Record

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

Maple Lawn Rest Home Records

Address

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

less than 1 hr

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

[REDACTED]

20f. CITY, TOWN, OR LOCATION

[REDACTED]

COUNTY

[REDACTED]

STATE

[REDACTED]

21. I attended the deceased from Oct 5 '63 to Oct 5 '63 and last saw her alive on Oct 5, 1963

Death occurred at 7:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(By doctor title)

[Signature]

22b. ADDRESS

[Signature]

22c. DATE SIGNED

10-5-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

10-5-63

23c. NAME OF CEMETERY OR CREMATOR

Kirksville Anatomical Board
Kirksville Obedience School

23d. LOCATION (City, town, or county)

Kirksville, Mo.

(State)

[REDACTED]

24. FUNERAL DIRECTOR

Lewin Bros.

ADDRESS

Palmyra, Mo

25. DATE RECD. BY LOCAL REG.

10-7-63

26. REGISTRAR'S SIGNATURE

[Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300

Rev. 4/59

10/24/1

20975

3

4

5

6

7

8

9/20/1

10

11

12 8/10-2

13

10

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J.B. Lewis

Licensed Embalmer No. 4875

P. O. Address Palmyna, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.